

See Instructions for filling out the School/Facility Annual Immunization Survey Worksheet and the EXAMPLE

County: _____ School/Facility Name: _____

[illegible]

NOTE: Totals are not a sum of the number of doses. Totals indicate the number of children with a particular count of vaccine. See EXAMPLE for details.

*****Please make a copy of this form and turn it in with the School/Facility Annual Immunization Survey.*****